PTC/SB/17 (10-08)
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Under the Paperwork Rec	fuction Act of 1995	, no person are	required to	respond to a collection				3 control number
Fees pursuant to the Consolidated Appropriations Act, 2005 (N.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known				
				Application Number		10/567,251-Conf. #3052		
				Filing Date		February 6, 2006		
				First Named Inventor		Masumi DAKEMOTO		
						L. R. Virany		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2622				
TOTAL AMOUNT OF PAYMENT		(\$) 220.00		Attorney Docket No.		1163-0550PUS1		
METHOD OF PAYME	NT (check all th	nat apply)						
Check Credit	Card M	ioney Order	No	ne Other (	please identi	fy):		
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION	37 CFR 1.16 a	na 1.1/						
1. BASIC FILING, SEARC	H. AND EXAM	INATION FE	ES					
		FEES		ARCH FEES	EXAMII	NATION FEES		
		Small Entity	F #	Small Entity	Fee (\$)	Small Entity	F	Paid (\$)
Application Type Utility	Fee (\$) 330	Fee (\$) 165	Fee (\$	270	220	Fee (\$) 110	rees	raiu (3)
Design	220	110	100	50	140	70		
	220	110	330	165	170	85		
Plant								
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claim		g recissuos)					390	195
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple							Fee Paid (	
HP = highest number of total of	laims paid for, if gr	pater than 20.						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
4 -3 or HP = 1 × 220.00 = 220.00								
HP = highest number of indepe	andent claims paid	for, if greater tha	an 3.					
3. APPLICATION SIZE FI	ΞE							
If the specification and of listings under 37 CFF	irawings excee	d 100 sheets	of paper	(excluding electr	onically f	iled sequence or	computer	
sheets or fraction the					or small e	niny) for each a	aditional 3	U
	Extra Sheets			additional 50 or fra	ction there	of Fee (\$)	Fee	Paid (\$)
- 100 =		50 =		(round up to a who				
4. OTHER FEE(S)							Fees	Paid (\$)
Non-English Specifica	tion, \$130 fee	(no small er	ntity disc	ount)				
Other (e.g., late filing	sychange):							
SUBMITTED BY	1 (1)							
Signature	mature \$40 y 39		Registration No. (Attorney/Agent)	29,680	Telephone	(,		
Name (Print/Type) Michael	K. Mutter	, ·				Date	April 14	ł, 2009
for-								

